FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



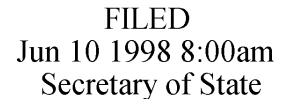
FLORIDA DEPARTMENT OFFSTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000080072 (6)

MORPROP, INC.





Principal Plac	e of Business	Mailing Address		a samtindar eim inter taftte dutit finte dater dutit dater dutit inter dater dutit inter frei (02)
237 ERNESTINE STREET ORLANDO FL 32801		237 ERNESTINE STREET ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE
				3, Date Incorporated or Qualified
9 Principal P	lace of Business	A- Mailing Address		09/16/1997
21 Philopair	Ide or business	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22	····	27		Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
L ZID	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	Registered Agent		10, Name and Address of New Registered Agent
_ MO	ORE, DONALD L JR.		81 Name	
237 ERNESTINE STREET ORLANDO FL 32801			82 Street	Address (P.O. Box Number is Not Acceptable)
Uni	LANDO FL 32001		83	
			84 City	85 Zip Code
		· · · · · · · · · · · · · · · · · · ·		FL '
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, or the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes				
SIGNATURE Signature typied or period trace of right risk and the diagral and the diagral addition (NOTE Registered Agent signature required when reinstating) DATE OF THE REGISTER OF THE RE				
12.	Signature, typed or pented name of regeneral a pe OFFICERS ANI		Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DLLETE	1.1 TITLE	Change Addition
NAME	MOORE, DONALD L JR.		1.2 NAME	
STREET ADDRESS	237 ERNESTINE STREET		1.3 STREET ADDRESS	·
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY - ST - ZIP	
TITLE		☐ ÐELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STHEET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TATLE		☐ DELETE	3 1 117LE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Derte	3.4. C(TY - ST - Z(P	
TITLE		☐ DECFTE	4.1 THILE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - ST - Z(P 5.1 T(TE	Change Addition
NAME		C J DI C I L	5.2 NAME	Unange Noomen
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	900002557109 7/11
STREET ADDRESS			6 3 STREET ADDRESS	-06/11/9801079049 /u l0

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied each point is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation of the comparat